

UNITED STATES DISTRICT COURT

for the

Division

20-C-1638

Case No.

(to be filled in by the Clerk's Office)

Joenette D. Kelly-Kidd

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Jury Trial: (check one) ☒ Yes ☐ No

Milwaukee AREA Technical College

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

U.S. DISTRICT COURT
EASTERN DISTRICT - WI
FILED
2011 OCT 29 A 10:36
CLERK OF COURT

COMPLAINT FOR EMPLOYMENT DISCRIMINATION

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Joenette Diana Kelly-Kidd

Street Address

2370 N. Grant Blvd

City and County

Milwaukee, Milwaukee

State and Zip Code

Wisconsin 53210

Telephone Number

(414) 732-4123

E-mail Address

joenetted@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name Milwaukee Area Technical College
Job or Title (if known)
Street Address 700 West State St.
City and County Milwaukee, Milwaukee
State and Zip Code Wisconsin 53233
Telephone Number (414) 297-6282
E-mail Address (if known)

Defendant No. 2

Name James Weishan
Job or Title (if known) Director of Facilities
Street Address 700 West State St.
City and County Milwaukee, Milwaukee
State and Zip Code Wisconsin 53233
Telephone Number (414) 297-6873
E-mail Address (if known) Weishajw@matc.edu

Defendant No. 3

Name Daniel B. McColgan
Job or Title (if known) Director, Labor Relations
Street Address 700 West State St.
City and County Milwaukee, Milwaukee
State and Zip Code Wisconsin, 53233
Telephone Number (414) 297-7688
E-mail Address (if known) mcolgad@matc.edu

Defendant No. 4

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is

Name	Milwaukee Area Technical College
Street Address	700 West State St.
City and County	Milwaukee, Milwaukee
State and Zip Code	Wisconsin 53233
Telephone Number	(414) 297-6282

II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to (check all that apply):



Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)



Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)



Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)



Other federal law (specify the federal law):

Retaliation



Relevant state law (specify, if known):



Relevant city or county law (specify, if known):

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes *(check all that apply)*:

- ☐ Failure to hire me.
- ☒ Termination of my employment.
- ☐ Failure to promote me.
- ☐ Failure to accommodate my disability.
- ☒ Unequal terms and conditions of my employment.
- ☒ Retaliation.
- ☐ Other acts *(specify)*: _____

(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

2016-2018 years

C. I believe that defendant(s) *(check one)*:

- ☐ is/are still committing these acts against me.
- ☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my *(check all that apply and explain)*:

- ☒ race _____
- ☐ color _____
- ☒ gender/sex _____
- ☐ religion _____
- ☐ national origin _____
- ☒ age *(year of birth)* 1958 *(only when asserting a claim of age discrimination.)*
- ☐ disability or perceived disability *(specify disability)* _____

E. The facts of my case are as follows. Attach additional pages if needed.

Please see attached

20-C-1638

Discrimination Complaint
Wisconsin Fair Employment Law
Wis. Stat. §§ 111.31-111.395

ERD Case #
CR

For office use only

RECEIVED

NOV - 8 2018

DWD - EQUAL RIGHTS

Authorization for this form is provided under Wis. Stat. § 111.39(1).

Personal information you provide may be used for secondary purposes (Privacy Law, Wis. Stat. § 15.04(1)(m)).

READ Instructions on page two FIRST then type or print in black ink.

1. Complainant Information

First Name <u>Joanette</u>		
Middle Initial <u>D.</u>		
Last Name <u>Kelly-Kidd</u>		
Street Address/PO Box <u>2370 N. Grant Blvd</u>		
City <u>Milwaukee</u>	State <u>WI</u>	Zip Code <u>53210</u>
Telephone Number <u>(414) 732-4123</u>		
E-Mail Address <u>JoanetteD@gmail.com</u>		

2. Respondent Information

The company, agency, or union you believe discriminated against you. Name only ONE Respondent per form. Do not name an individual person as Respondent.		
Name <u>Milwaukee Area Technical College</u>		
Street Address/PO Box <u>700 West State St.</u>		
City <u>Milwaukee</u>	State <u>WI</u>	Zip Code <u>53233</u>
Telephone Number <u>(414) 297-6282</u>		
In what Wisconsin county did the violation take place? <u>Milwaukee</u>		

3. CHECK ONLY THE BOXES THAT WERE THE REASON FOR DISCRIMINATION

If you checked a box with an *, the statement in that box must be completed.

I believe the Respondent discriminated or took action against me because

<input checked="" type="checkbox"/> of my race * which is <u>Black</u>	<input checked="" type="checkbox"/> of my age (40 or older) * my date of birth is <u>02-03-1958</u>	<input type="checkbox"/> of my marital status * which is _____
<input type="checkbox"/> of my color * which is _____	<input type="checkbox"/> of my conviction record	<input type="checkbox"/> of my military service
<input type="checkbox"/> of my national origin/ancestry * which is _____	<input type="checkbox"/> of my arrest record	<input type="checkbox"/> of my use or nonuse of lawful products
<input checked="" type="checkbox"/> of my sex * which is <u>Female</u>	<input type="checkbox"/> of my sexual orientation * which is _____	<input type="checkbox"/> of genetic testing
<input type="checkbox"/> of my pregnancy or maternity	<input type="checkbox"/> of my creed (religion) * which is _____	<input type="checkbox"/> of polygraph testing
<input checked="" type="checkbox"/> of my disability * which is <u>Cancer</u>	<input type="checkbox"/> I declined to attend a meeting or to participate in a communication about religious matters or political matters.	<input type="checkbox"/> I filed a previous discrimination complaint with Equal Rights or testified or assisted with a discrimination complaint. Enter Case # CR _____
<input checked="" type="checkbox"/> I opposed discrimination in the workplace (refer to instruction 2(c) on page 2 of this form)		
<input type="checkbox"/> The Respondent printed or circulated, advertised or published a discriminatory statement	<input type="checkbox"/> The Respondent used a discriminatory application or made a discriminatory inquiry about prospective employment	

4. Dates of discrimination (Required; estimate if unsure)

Date the discrimination began? mm/dd/yyyy	Date of the most recent discrimination? mm/dd/yyyy
	<u>10-09-2018</u>
<u>Wednesday Sept. 19, 2018</u>	
<input type="checkbox"/> My employment was terminated on _____ (if applicable) <u>Was suspended with pay pending termination</u>	

* This form covers discriminatory actions alleged under §§ 111.322(1), (2), and (3) of the Wisconsin Fair Employment Law. Discriminatory actions alleged under § 111.322(2m) must be filed using form ERD-18359, "Retaliation Complaint."

RS

5. Statement of discrimination:

Write a brief, concise statement explaining how you were discriminated against. Give the date each action occurred and the name of the person who took the action. Explain how each action(s) was related to the box (es) you checked in section #3 on page one.

I am the only black female, Supervisor/Manager over the age of forty years old, with a medical issue - of cancer for the second time in a three year period, working in a environment of all males.

I was placed on paid ^{suspension} ~~suspended~~ on, Wednesday, 9-19-18, by my Director James Weishan, with a Draft, and walked off the premises, by Public Safety. Mr. Weishan informed me I was not allowed on any N.A.T.C. Properties without his permission. This included, not attending my paid out of pocket class I was enrolled in. This suspended came about after a ^{fact} ~~find~~-finding of listed items. He and Labor Relation employee Dan Macolgan, stated I failed to do as an employee, whereas a younger male manager Luis Vasquez, failed to ~~manage~~ manage, failed to work a complete eight hour day, was relocated to a smaller campus.

Mr. Weishan, told me himself before moving Mr. Vasquez to another campus, that "I have enough to fire him on but I am going to transfer him to Walker's Square and allow Facilities Manager Michael Gorgas manage him and try to make a better manager out of him." This conversation took place with me and Mr. Weishan in later part of September 2018.

6. Certification and Signature

By my signature below, I certify that I have read the above complaint, and, under penalties of law, I declare that this complaint is true and correct to the best of my knowledge and belief. I understand that this complaint is an open record and may be provided to the employer or others under the provisions of Wisconsin's Open Records Law.

Signature of Complainant or authorized representative

Date signed

Denette D. Kelly-Kidd

11-08-2018

Please complete Equal Rights Process Information Sheet on Page 4

Mr. Weishan, was also aware male supervisor Edward Winters was found sleeping while working second-shift, in the office.

Mr. Weishan asked me in the month of August 2018 if I would stop in the downtown campus of M.A.T.C. to see if I observed Mr. Winters sleeping. It is my understanding that Public Safety was checking doors and observed Mr. Winter sleeping ^{also} along with Mr. Weishan myself. Mr. Winters was not suspended nor fired.

Mr. Weishan was informed by other facilities Supervisor/employees that, Supervisor Michael Clay, has come to work on numerous occasions intoxicated. NO fact finding occurred, NO firing, NO suspension.

Mr. Michael Clay also caused damage to a newly installed key-box that costed thousands of dollars because he couldn't access it. Mr. Weishan was informed by Risk Manager Virginia Hartt. about damage to the key-box, and his intoxication state. again nothing happen to Mr. Clay.

Mr. Weishan, was informed that Building Service Worker Jerry Keys, was operating a M.A.T.C.'s vehicle, stopped at a Burger King restaurant to purchase lunch while out away from the campus. Mr. Keys cause damage to the property of Burger

(3)

King. MS. Virginia Hartt informed Mr. Weishan that Mr. Keys can not operate another vehicle until he retake the defense driving test. Mr. Weishan, allowed him to continue driving anyway.

Mr. Weishan Placed a tracking device on the M.A.T.C. vehicle I used, and hired a Private investigator to follow me.
From: August 23, 2018 - September 17, 2018.

Another Male employee (Building Service Worker Joseph Hines, caused damage to two vehicles and nothing happened to him.

Mr. Weishan, took one of my assigned employee Richard Finch out to lunch on over-time to a private restaurant to question him about me. Asked him if I ever asked him to do work on my rental Properties. When Mr. Finch failed to provide Mr. Weishan information, he too has been the focus of harassment, and has been transferred to another campus.

Mr. Weishan has been untruthful on my yearly evaluations for the ~~pass~~ past two-three years.

(4)

Mr. Weishan, has told me I could not call him on his personal cell phone but all the male supervisors and male manager could.

Mr. Weishan, undermined my authority to my employees. He would not answer 80% of my calls when I tried reaching out to him for assistances.

Mr.

I asked Mr. Weishan for over two years about the disparity in Pay between Jay Forsyte (manager) and myself. Mr. Weishan was untruthful at first why the difference in pay: First he indicated about campus size and the number of employees. Then stated he would check into it. lastly he told me that Paul Hanel was responsible for my increase. I went to Paul Hanel, who informed me those were untrue statements, and that Mr. Weishan was responsible. Several months later 2017 my pay increased to match Jay Forsyte.

Please be advised that the numerous Fact-Finding meeting, the ~~embarr~~ embarrassment, has caused me a lot of stress, lack of sleep, Anxiety attacks. I had to seek medical treatment and now I am on several medications. Please Help me.

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date)

Nov. 8, 2018

- B. The Equal Employment Opportunity Commission (check one):

☒

has not issued a Notice of Right to Sue letter.

☐

issued a Notice of Right to Sue letter, which I received on (date)

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):

☐

60 days or more have elapsed.

☐

less than 60 days have elapsed.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Please see attached

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 10-2-2020

Signature of Plaintiff

Printed Name of Plaintiff

Joanette D. Kelly-Kidd

Joanette D. Kelly-Kidd

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address



Department of Veterans Affairs

**CLAIM FOR PAYMENT OF COST OF
UNAUTHORIZED MEDICAL SERVICES**

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 15 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. Comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing the burden, may be addressed by calling the Health Benefits Contact Center at 1-877-222-8387.

PRIVACY ACT INFORMATION: The information requested on this form is solicited under authority of Title 38, United States Code, "Veterans Benefits," and will be used to assist us in determining your entitlement to reimbursement for services rendered. It will not be used for any other purpose. Disclosure is voluntary. However, failure to furnish the information will result in our inability to process your claim. Failure to furnish this information will have no adverse effect on any other benefit to which you may be entitled. This form and relevant documents need to be sent to the VA Medical Facility where the Veteran is enrolled for medical care

PART I

1A. VETERAN'S NAME (Last, first, middle initial) (This is a mandatory field.) Holt, Tyrone O	1B. CLAIM NUMBER C-	1C. SOCIAL SECURITY NUMBER (Mandatory field.)
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1D. VETERAN'S ADDRESS (Include complete ZIP Code)

2804 N. 37th St. Milwaukee, WI 53210

2A. NAME AND ADDRESS OF PERSON, FIRM OR INSTITUTION MAKING CLAIM (Leave blank if same as above)

2B. SOCIAL SECURITY NO. OR
EMPLOYEE IDENTIFICATION NO.

3. STATEMENT OF CIRCUMSTANCES UNDER WHICH THE SERVICES WERE RENDERED (Include diagnosis, symptoms, whether emergency existed, and reason VA facilities were not used)

Tyrone Holt is my brother. I purchased his medicine and submitted the original receipt and paperwork, months ago, however it was misplaced by someone at the U.A. office.

4. AMOUNT CLAIMED

Attach bills or receipts showing services furnished, dates and charges

5. COMPLETE A OR B AS APPROPRIATE

A. Amount charged does not exceed that charged the general public for similar services. Payment has not been received.

B. I certify that the amount claimed has been paid and reimbursement has not been received.

SIGNATURE AND TITLE OF PROVIDER OF SERVICE AND DATE (mm/dd/yyyy)

SIGNATURE OF VETERAN OR REPRESENTATIVE AND DATE (mm/dd/yyyy)

PART II - FOR VETERANS AFFAIRS USE ONLY

6. ACTION

☐ APPROVED \$☐ DISAPPROVED

CLAIM MEETS THE REQUIREMENT OF VA REGULATION

☐ 6080☐ 6081

7. SIGNATURE OF CHIEF, MEDICAL ADMINISTRATION SERVICE

8. DATE

9. ADMINISTRATIVE VOUCHER NUMBER



U.S. Department of Veterans Affairs
Veterans Health Administration
Clement J. Zablocki VA Medical Center

VA Community Care Department
5000 West National Avenue
Milwaukee, WI 53295
VACC, Building 6, Room A108

RE: Prescription (RX) Reimbursement Request

Dear Veteran:

To properly address your request for prescription reimbursement, we require the following documentation:

1. **Claim for Payment of Cost of Unauthorized Medical Services (VA Form 10-583) with your complete information and details of request (blank form attached).**
2. **Receipt from the pharmacy where the prescription was filled showing payment.**
3. **ORIGINAL print out of the medications received, i.e. RX stubs, stating what RX is, quantity, etc. (the labels they staple to your bag when picking up the RX).**
4. **Your current address should match what we have on file to mail the reimbursement check to you.**

IMPORTANT INFORMATION: The VA will only pay for the initial prescription; we do not pay for refills as they should be acquired through the VA Pharmacy. Over-the-counter medications and medical supplies are not eligible for reimbursement; only prescription medications. If your reimbursement request is for medications prescribed to you at an emergency room visit or when being discharged from an inpatient stay, your request will only be processed if that episode of care is reviewed and approved by VA. Your pharmacy should be able to regenerate the documentation needed if you do not have copies.

Without all the above requirements we cannot fulfill request for reimbursement. Please submit required documentation by mail to:

Milwaukee VA Medical Center
ATTN: Community Care RX Reimbursement
Building 6, Room A108
5000 W. National Ave.
Milwaukee, WI 53295

If you have any questions regarding this letter, please contact the billing and payment call center at **1-877-881-7618** – or reach out to your VA Community Care Coordinator. Additional information about Veterans health care benefits under the VA MISSION Act can be found at: <http://www.va.gov/communitycare/>.

Milwaukee VA Community Care Department
Clement J. Zablocki VA Medical Center
Milwaukee, WI